

# PROJECT SUMMARY SHEET FOR SINGLE-FAMILY PROJECTS

**INSTRUCTIONS:** Complete this Project Summary Sheet and the forms contained in this bundle will auto-populate. The Project Summary Sheet does not contain all the fields needed to completely populate forms. Review the forms, provide missing data. Forms not contained in the bundle can be downloaded from the CAA Portal.

## PROPERTY

<input type="checkbox"/> Single-Family (owner occupied)	Does Owner reside at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Street _____	Are children under 6 at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property City State Zip _____	Is property under abatement order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PROPERTY OWNER(S)

Applicant (Owner)	Co-Applicant (Co-Owner)
Entity or Owner First Name MI Last Name _____	Co-Entity or Co-Owner First Name MI Last Name _____
Mailing Address _____	Mailing Address _____
City State Zip _____	City State Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____

## COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)

CAA Name _____	CAA Rep Name _____
Mailing Address _____	CAA Rep Phone _____
City State Zip _____	CAA Rep Email _____
Intake Staff Name _____	Rehab Tech Name _____
Intake Staff Phone _____	Rehab Tech Phone _____
Intake Staff Fax _____	Rehab Tech Email _____
Intake Staff Email _____	

## LEAD REDUCTION/ABATEMENT

Lead Designer	Lead Contractor
Designer Name _____	Company Name _____
Mailing Address _____	Mailing Address _____
City State Zip _____	City State Zip _____
Phone _____	Phone _____
Email _____	Rep Name _____
	Rep Phone _____
	Rep Email _____

## FUNDING

*Complete the Project Funding Summary on page 2 and the Project Funding will auto calculate.*

Project Funding	Agreement/Constructions Contract
<input type="checkbox"/> Federal Lead Grant \$ _____	Grant Amount \$ _____
<input type="checkbox"/> Healthy Homes Grant \$ _____	<b>Contract Amount</b> \$ _____
Federal Owner Obligation \$ _____	Contract/Agreement Date _____
<b>Federal Lead Total</b> \$ _____	Interior Start Date _____
	Interior End Date _____
<input type="checkbox"/> State Lead Grant \$ _____	Exterior Start Date _____
State Lead Owner Match \$ _____	Exterior End Date _____
State Lead Owner Obligation \$ _____	
<b>State Lead Total</b> \$ _____	
Leveraged Funds \$ _____	

### Change Orders

Federal Lead Change Order #1	\$ _____
Federal Lead Change Order #2	\$ _____
State Lead Change Order #1	\$ _____
State Lead Change Order #2	\$ _____
<b>Final Contract Amount</b>	<b>\$ _____</b>

### State Lead Match Criteria

10% Non-Abatement     25% Abatement     Waived

**Total Owner Obligation** \$ \_\_\_\_\_

**PROJECT TOTAL** \$ \_\_\_\_\_

## PROJECT FUNDING SUMMARY

*Complete this Project Funding Summary and the Project Funding on page 1 will auto calculate.*

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
Federal Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$

<b>CONTRACT AMOUNT</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
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LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**PRE-CONSTRUCTION CONFERENCE REPORT**

**Project Funding:**  State Lead  Federal Lead  Healthy Homes

**Project Type:**  Single-Family  Multi-Family

**Agency (CAA):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technician Name: \_\_\_\_\_  
Technician Phone: \_\_\_\_\_  
Technician Email: \_\_\_\_\_

<b>Applicant (Owner):</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____ _____	<b>Contractor:</b> _____ <b>Contract Amount:</b> \$ _____ <b>Contract Date:</b> _____

I (We), the undersigned have, on this date, participated in a pre-construction conference prior to the signing of a *Construction Contract* for the above-referenced Property. I (We) acknowledge that I (we) understand the terms of the Contract, the project design specifications explaining the scope work to be performed by the Contractor, the role of the CAA, and our responsibilities during the construction phase. I (we) have been given adequate explanations to our questions, if any, and are aware that assistance will be provided by the CAA, administrator of the Lead Hazard Reduction Grant Program ("Federal Lead") and/or the Maine Lead Paint Hazard Abatement Program (State Lead), staff as requested. I (We) further understand and acknowledge that the Program assumes no responsibilities for the work performed and does not warrant any work performed.

**HUD 24 CRF Part 35:** I (we) further certify that I (we) have been made aware of the dangers of lead based paint, and have received a copy of *Protect Your Family From Lead in Your Home* pamphlet. I (we) understand that we will be required to be relocated until all work is complete and dust wipe clearances are achieved. I (we) understand that we may not return or enter the work area until notified by the CAA.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Owner

\_\_\_\_\_  
Date

Building Permit required  Yes  No If yes copy must be placed in project file. If No, explain how you know that a permit is not required:

I, the undersigned, hereby certify that the pre-construction conference was held on this date between the homeowner(s), CAA, Contractor(s), and myself. I understand and agree that the work performed must meet the standards required by the Maine Department of Environmental Protection and the Federal Lead and/or State Lead Programs as established by the job specifications attached to the Construction Contract.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

I, the undersigned, hereby certify that I participated in a pre-construction conference on this date.

\_\_\_\_\_  
Signature of CAA Representative

\_\_\_\_\_  
Date

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**CERTIFICATE OF FINAL INSPECTION**

**Project Funding:**  State Lead  Federal Lead  Healthy Homes

**Project Type:**  Single-Family  Multi-Family

**Agency (CAA):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technician Name: \_\_\_\_\_  
Technician Phone: \_\_\_\_\_  
Technician Email: \_\_\_\_\_

**Applicant (Owner):** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Property:** \_\_\_\_\_  
\_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Contract Amount:** \$ \_\_\_\_\_

**Contract Date:** \_\_\_\_\_

1. The CAA Technician certifies and the Applicant(s)/Owner(s) acknowledges that the Contractor has satisfactorily completed the lead-hazard work, including all change orders, as outlined in the *Construction Contract* ("Contract") for the herein referenced Property, and final cleaning that passed HUD lead dust wipe clearance standards as outlined in the Contract between the Applicant(s) and the Contractor on the above written Contract Date.
2. The Applicant(s)/Owner(s) acknowledges that he/she received a Client Satisfaction Survey card which provides an opportunity to provide MaineHousing with information about his/her experience with the Home Accessibility and Repair Program Assistance Program.

\_\_\_\_\_  
CAA Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Technician Name

**Acknowledged by:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**CONTRACTOR CERTIFICATE AND RELEASE OF LIENS**

**Project Funding:**  State Lead  Federal Lead  Healthy Homes

**Project Type:**  Single-Family  Multi-Family

**Agency (CAA):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technician Name: \_\_\_\_\_

Technician Phone: \_\_\_\_\_

Technician Email: \_\_\_\_\_

**Applicant (Owner):** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Property:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Contract Amount:** \$ \_\_\_\_\_

**Contract Date:** \_\_\_\_\_

Regarding the *Construction Contract* ("Contract") entered into between the Applicant and Contractor identified above, for work performed on the above-referenced Property in accordance with the agreed upon project specifications, the Contractor certifies/states as follows:

1. \$ \_\_\_\_\_ is due from and payable by the Applicant to the Contractor pursuant to the Contract and duly approved *Change Orders* and modifications.
2. All work invoiced under the Contract has been performed in accordance with the terms thereof, and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of the Contract.
3. That upon receipt of the payment stated in Paragraph 1 hereof, the Contractor does hereby release the Applicant from any and all claims arising under or by virtue of this invoiced amount; provided, however, that if for any reason the Applicant does not pay in full the amount stated in Paragraph 1 hereof, the unpaid amount will become the amount which the Contractor has not released.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

**Acknowledged by:**

\_\_\_\_\_  
Applicant (Owner) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant (Co-Owner) Signature

\_\_\_\_\_  
Date

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**CONTRACTOR PAYMENT REQUEST**

Project Funding:  State Lead  Federal Lead  Healthy Homes

Project Type:  Single Family  Multi-Family

Agency (CAA): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technician Name: \_\_\_\_\_  
Technician Phone: \_\_\_\_\_  
Technician Email: \_\_\_\_\_

Applicant (Owner): \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Property: \_\_\_\_\_  
\_\_\_\_\_

Contractor: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Contract Date: \_\_\_\_\_

TYPE OF PAYMENT:  Final  Progress \_\_\_\_\_ % of work completed as outlined in the Contract

**CONTRACTOR:**

I hereby request an inspection to receive payment # \_\_\_\_\_ for the amount of \$ \_\_\_\_\_

I certify that I have satisfactorily completed the necessary work to justify this request. Cost breakdown/invoice(s) attached.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

**LEAD DESIGNER / RISK ASSESSOR:**

I hereby certify that all work is completed as indicated on the Contractor's payment request/invoice and in accordance with all applicable specifications and standards. I hereby recommend approval of the payment to the Contractor in the following amount:

Payment Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Lead Designer/Risk Assessor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead Designer/Risk Assessor Name

**OWNER:**

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home/property.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the Contractor has performed.
- You are requesting payment to the Contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

**If you have concerns about the work being done to your home, you should discuss them with the Community Action Agency before signing this form.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner Signature

\_\_\_\_\_  
Date

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**LETTER OF LEAD HAZARD REDUCTION COMPLIANCE**

**Project Funding:**  State Lead  Federal Lead  Healthy Homes

**Project Type:**  Single-Family  Multi-Family

**Agency (CAA):** \_\_\_\_\_

Technician Name: \_\_\_\_\_

Technician Phone: \_\_\_\_\_

Technician Email: \_\_\_\_\_

**Applicant (Owner):** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Property:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Unit #s:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_

**TO:** Property Owner(s)

This letter is to certify that I inspected the above referenced Property relevant common areas and exterior areas for lead hazard reduction compliance on the above referenced Inspection Date and on that date those surfaces treated as specified in the Design Plan for the above referenced Property were found to be corrected and in compliance with HUD Guidelines and State of Maine Department of Environmental Protection criteria for clearance. A post hazard control work visual inspection and dust wipe samples were taken and found to be below these clearance criteria.

HUD Guidelines and State of Maine DEP Lead Management Rules do not require full abatement of lead-containing components within a dwelling. In many instances, interim controls will be used to mitigate lead paint hazards. This means that lead-based paint remains in your home and you should bear this in mind if you decide to perform any additional rehab to your home. Those components/surfaces/areas specified in the Design Plan will be corrected under MaineHousing's Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead-Paint Hazard Abatement Program (State Lead). A report detailing the sample results in conjunction with this Letter of Compliance are evidence that the work has been completed.

Sincerely,

\_\_\_\_\_  
Lead Inspector Signature

\_\_\_\_\_  
Lead Inspector Name

\_\_\_\_\_  
Lead Inspector License #

**DISCLAIMER:** THIS LETTER OF LEAD HAZARD CONTROL COMPLIANCE DOCUMENTS THAT THE LEAD HAZARD CONTROL WORK OUTLINED IN THE CONSTRUCTION CONTRACT AS WELL AS CLEARANCE SAMPLING HAVE BEEN PERFORMED, MEETING CLEARANCE LEVELS ESTABLISHED IN THE HUD GUIDELINES.

THIS LETTER **DOES NOT CONSTITUTE A LEAD-SAFE STATUS CERTIFICATE** AS DEFINED IN THE MAINE DEP LEAD MANAGEMENT REGULATIONS.

UNIT # \_\_\_\_\_

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**LEAD PAINT PLUS ESSENTIAL MAINTENANCE PLAN**

Project Funding:  State Lead  Federal Lead  Healthy Homes

Project Type:  Single-Family  Multi-Family

Agency (CAA): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technician Name: \_\_\_\_\_

Technician Phone: \_\_\_\_\_

Technician Email: \_\_\_\_\_

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
Unit #: _____	Inspection Date: _____

RESIDENTIAL UNIT: \_\_\_\_\_

**A. Overview**

Paint Plus Essential Maintenance Plan (“Paint Plus”) is an interim (short-term) method used by lead contractors and property owners to temporarily eliminate lead hazards. Interim controls are achieved through the removal of any chipping, cracking, and flaking paint plus the application of a new protective coating of paint in conjunction with the implementation of a written essential maintenance plan. This method cannot be used on impact or friction surfaces (e.g. floors, stair treads/risers, thresh holds, window sashes, parting beads, stops, window wells, doorjambs and edges).

**B. Essential Maintenance Plan**

An Essential Maintenance Plan is a written and implemented plan of paint inspection and maintenance that ensures that the paint remains in good condition and that the surface is not creating a lead hazard. The building owner must carry out Essential Maintenance Practices six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces.

Enclosed you will find an inventory of the building components that you will need to inspect and several forms that will assist you in documenting your Essential Maintenance Plan-related activities. Also enclosed you will find the “Essential Maintenance for a Lead-Safe Home” brochure. Please make sure you read this brochure; it provides information you need to implement Essential Maintenance Practices.

**C. Elements of the Essential Maintenance Plan**

The Essential Maintenance Plan has 4 parts: an inventory of painted surfaces that need routine inspection and maintenance; a schedule and protocol for routine visual inspections; forms for documenting routine inspections and essential maintenance performed; and the booklet “Essential Maintenance for a Lead-Safe Home” that describes how to perform essential maintenance.

**D. “Paint Plus” Building Component Inventory**

The “Paint Plus” Building Component Inventory Form contains a list of all building components within your dwelling unit where paint plus essential maintenance practices was used by the contractor. It is organized first by Room Name, and then lists Building Component and Location in the Room. These are the specific building components that must be visually inspected and properly maintained.



UNIT # \_\_\_\_\_

**E. Scheduled Visual Inspections of Building Components**

Each of the building components listed on the **“Paint Plus” Building Component Inventory Form** must be visually inspected six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces. You must do this visual inspection to document that the condition of the paint remains intact.

**F. How to do a visual inspection**

When performing your inspection, check each building component for signs of:

- (1) Flaking paint
- (2) Peeling paint
- (3) Cracking paint
- (4) Paint chips
- (5) Dust on window sills
- (6) Dust on the floor

If the building component is damaged and/or needs repair, follow the **Safe Work Practices** referred to in the enclosed brochure, **“Essential Maintenance for a Lead-Safe Home”**.

**G. What to do after your visual inspection**

After completing the routine visual inspection, fill in the enclosed form, **“Visual Inspection Form”** to document that you have done your visual inspection(s). Save this form with your Essential Maintenance Practices Plan.

**H. Documenting Essential Maintenance Practices Plan Requirements**

Included are forms used to record your Essential Maintenance Practice-related activities. It includes a signature sheet that is to be used to document that you have read and understand the Essential Maintenance Practices Plan requirements.

**I. Forms/Signature Sheet**

- (1) Understanding the Requirements of the Essential Maintenance Practices Plan Signature Sheet;
- (2) Paint Plus Building Component Inventory Form;
- (3) Visual Inspection Form; and
- (4) Essential Maintenance for a Lead-Safe Home brochure.

**Understanding the Requirements of the Essential Maintenance Practices Plan**

I/We have read and understand the requirements of the Essential Maintenance Practices Plan, and agree to maintain this facility in accordance with the developed Essential Maintenance Practices Plan.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date





MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)  
LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)

**QUARTERLY REPORT: SUPPLEMENTAL INFORMATION**  
**For individual, completed units**

**Project Funding:**  State Lead  Federal Lead  Healthy Homes

**Project Type:**  Single-Family  Multi-Family

**Agency (CAA):** \_\_\_\_\_

Technician Name: \_\_\_\_\_

\_\_\_\_\_

Technician Phone: \_\_\_\_\_

\_\_\_\_\_

Technician Email: \_\_\_\_\_

**Applicant (Owner):** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Property:** \_\_\_\_\_

**Tenant:** \_\_\_\_\_

\_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Apartment/Unit #:** \_\_\_\_\_

**Total # of rooms in unit:** \_\_\_\_\_

**# of children with EBLL:** \_\_\_\_\_

**Key Dates:**

Enrollment date \_\_\_\_\_

Work started date \_\_\_\_\_

Assessed date \_\_\_\_\_

Clearance achieved date \_\_\_\_\_

**# of rooms treated in unit:** \_\_\_\_\_

**Areas Abated (check all that apply):**

Interior

Basement

Exterior

Ground floor

Common Area

Upper level(s)

Crawl space

Attic

**Relocation Total:** \$ \_\_\_\_\_

**Abatement Total:** \$ \_\_\_\_\_

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
 MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**PHASE 2– SINGLE-FAMILY DOCUMENT CHECKLIST**

**Applicant (Owner)** \_\_\_\_\_ **CAA** \_\_\_\_\_

**Property Address** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_

**Program Type(s):**     Federal Lead     State Lead (N261)     Healthy Homes

	Document Reference	FEDERAL LEAD	STATE LEAD	HEALTHY HOMES
<b>FILE SECTION 2 (Invoices, Checklists, Waiver)</b>				
Phase 2 Invoice	Appendix IA	X	X	X
Phase 2 Single-Family Document Checklist	Appendix 1B-SF2	X	X	X
Project Summary Sheet (updated)	Appendix 1	X	X	X
<b>FILE SECTION 3 (Contractor)</b>				
Pre-Construction Report	Appendix M	X	X	X
Contractor Payment Request(s) including Contractor invoices	Appendix I-C	X	X	X
Certificate and Release of Liens	Appendix I-B	X	X	X
Certificate of Final Inspection	Appendix Q	X	X	X
Change Order (if applicable)	Appendix N	X	X	X
<b>FILE SECTION 5 (Federal and State Compliance, Healthy Homes)</b>				
DEP Notification	Contractor	X	X	
Dust Wipe Clearance Results	CAA	X	X	
Lead Paint Plus Essential Maintenance Practice Plan	Appendix R	X	X	
Letter of Lead Hazard Reduction Compliance	Appendix P	X	X	
Occupant Protection Plan	Contractor	X	X	
HUD Quarterly Report: Supplemental Information Worksheet	Appendix R1	X		
Healthy Homes HRRS Assessment Report (if applicable)	CAA			X
<b>FILE SECTION 6 (Photos, Correspondence)</b>				
Colored Photo(s) (in progress and completed)	CAA	X	X	X
Correspondence	CAA/MHSA	X	X	X

CAA certifies that the originals of all documents listed are retained with the project file located at the CAA office. CAA further certifies that documents not included on this Checklist, but are required by program regulations as referenced in the Procedures Guide, are maintained in the Applicant(s) project file at the CAA's office. These documents are subject to periodic inspection by MaineHousing.

\_\_\_\_\_  
 CAA Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 CAA Representative Name